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PAJD ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 50 \$1700 07/11/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS 88888899 B98869 10681851 RIVERA, WILLIAM ARAUZ 3654 242-610000 ENE SOGGMAN ange of correspondence address or indication of "Fee Address" (37 1.363). 2. For printing on the patent front page, list 2007 (1) the names of up to 3 registered patent anonic or agents OR, alternatively. evinson ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 300.00 DA (2) the name of a single firm (having as a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 6.00 DA "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. 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